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**JUN 23 2005**  
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32254 7590 05/03/2005

**KEOWN & ASSOCIATES**  
**500 WEST CUMMINGS PARK**  
**SUITE 1200**  
**WOBURN, MA 01801**

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|                        |                    |
|------------------------|--------------------|
| <i>Melissa Simpson</i> | (Depositor's name) |
| <i>Melissa Simpson</i> | (Signature)        |
| <i>6/21/05</i>         | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 08/901,612      | 07/28/1997  | BRUCE L. FRANK       | HYB-014US6          | 9348             |

**TITLE OF INVENTION: OLIGONUCLEOTIDES SPECIFIC FOR HEPATITIS B VIRUS**

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
|-------------|--------------|-----------|-----------------|------------------|----------|

|                |     |       |     |       |            |
|----------------|-----|-------|-----|-------|------------|
| nonprovisional | YES | \$700 | \$0 | \$700 | 08/03/2005 |
|----------------|-----|-------|-----|-------|------------|

| EXAMINER           | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| EPPS FORD, JANET L | 1635     | 536-024500     |

|   |   |                                 |
|---|---|---------------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 <i>Keown &amp; Associates</i> |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |   | 2 _____                         |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b> |   | 3 _____                         |

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

|                       |  |                                      |
|-----------------------|--|--------------------------------------|
| (A) NAME OF ASSIGNEE  | (B) RESIDENCE: (CITY AND STATE OR COUNTRY) | 06/24/2005 MBERHE1 00000100 08901612 |
| <i>Hybridon, Inc.</i> | 01 FC:2501<br>02 FC:8001                   | 700.00 OP<br>30.00 OP                |
|                       | Cambridge, MA                              |                                      |

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Issue Fee  
 Publication Fee (No small entity discount permitted)  
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Joseph C. Zuccheri

Date June 21 2005

Typed or printed name Joseph C. Zuccheri

Registration No. 55,762

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                      |                        |            |
|--|----------------------|------------------------|------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 08/901,612             |            |
|  | Filing Date          | July 28, 1997          |            |
|  | First Named Inventor | Frank                  |            |
|  | Art Unit             | 1635                   |            |
|  | Examiner Name        | Epps Ford, Janet L.    |            |
| Total Number of Pages in This Submission   | 2                    | Attorney Docket Number | HYB-014US6 |

### ENCLOSURES (Check all that apply)

|  |   |   |         |  |
|--|---|---|---------|--|
| <input type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |         |  |
| <input checked="" type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |         |  |
| <input type="checkbox"/> Amendment/Reply   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |         |  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |         |  |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |         |  |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):         |         |  |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)  | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |         |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  | <input type="checkbox"/> Landscape Table on CD                            |   |         |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53  |   |   |         |  |
| <table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>* Issue Fee Transmittal<br/>           * Check \$730.00 (Issue Fee and 10 soft copies of Letters Patent)<br/>           * Postcard</td> </tr> </table> |   |   | Remarks | * Issue Fee Transmittal<br>* Check \$730.00 (Issue Fee and 10 soft copies of Letters Patent)<br>* Postcard |
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                    |          |        |
|--------------|--------------------|----------|--------|
| Firm Name    | Keown & Associates |          |        |
| Signature    |                    |          |        |
| Printed name | Joseph C. Zuccheri |          |        |
| Date         | June 21 2005       | Reg. No. | 55,762 |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                 |      |         |
|-----------------------|-----------------|------|---------|
| Signature             |                 |      |         |
| Typed or printed name | melissa Simpson | Date | 6/21/05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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